



### High Dose Opioid Intervention

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### HIGH DOSE OPIOID INTERVENTION

#### UDOH Strategic Initiative

A strategic plan initiative to decrease opioid addiction and death, including the use of high dose opioids.



#### Intervention

A peer to peer, retro-DUR intervention that aims to decrease opioid burden (including MME limits) through direct and focused provider engagement based on CDC recommendations.

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### Opioid Policy Timeline, 2016 to Present

**October 2016** – 7-day limit for SAOs (initial fills)  
**July 2018** – 3-day limit for SAOs (initial fills) from Dentists

**October 2018** – MME limits developed and Peer-to-Peer

**January 2019** – MME limits go live (180 for non-naïve and 90 for naïve)

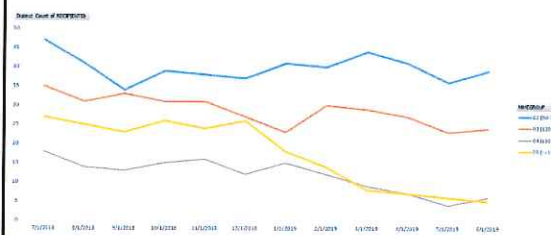
**July 2019** – MME limit for non-naïve reduced to 150, pediatric limits, and opioid/benzo limits

**October 2019** – Pregnancy limits planned

Exceptions – Cancer, PA authorization

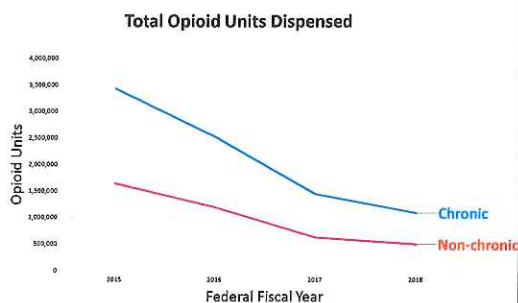
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### Opioid MME Trends, last 12 months (FFS)



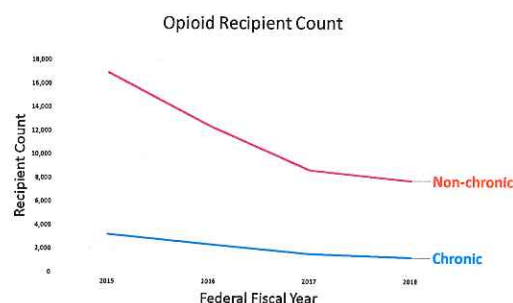
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### Opioid Use- Trends over Time (FFS)

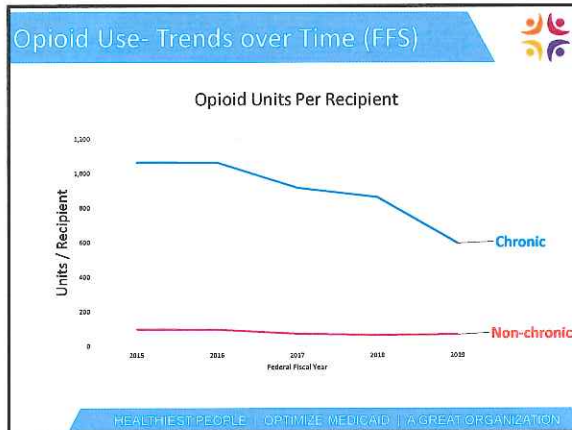


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### Opioid Use- Trends over Time (FFS)



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### Conclusion

- Utah's approach to the opioid epidemic has been thoughtful and cautiously implemented over time
- Utah Medicaid considered CDC evidence based guidelines for the use of opioids in developing policy
- Use of MME aids in seeing true opioid burden, especially when combined with other safety edits
- System edits support best practice for both opioid-naïve and opioid-experienced populations
- Evidence based, focused outreach to targeted providers with peer to peer work was/is successful in providing education and changing opioid prescribing behavior

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